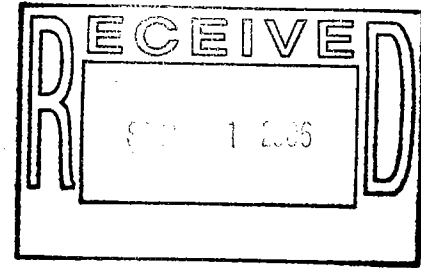


**HEALTHCARE
LEADERSHIP
COUNCIL**

August 30, 2006

Patricia Maryland, Ph.D.
Chairman, Citizens' Health Care Working Group
7201 Wisconsin Avenue, Suite 575
Bethesda, Maryland 20814



Dear Dr. Maryland:

On behalf of the Healthcare Leadership Council (HLC), a coalition of chief executives of many of the nation's premier health care companies and organizations, I am pleased to provide comments on the *Interim Recommendations of the Citizens' Health Care Working Group*. HLC envisions a quality driven health care system built upon the strengths of the private sector – innovation, competition and cost-effectiveness. Expanding care for American families and addressing the fact that millions of Americans do not have health insurance coverage is one of our nation's greatest priorities.

In 2001, HLC launched *Health Access America*, a national campaign to raise the visibility of the uninsured and to call upon Congress and the President to take decisive action to reduce the number of uninsured Americans. We support at least three important steps:

- Improving affordability of health coverage for individuals and employers through tax incentives that help bridge the insurance "affordability gap" and incentives to increase the quality of care provided through our health care system.
- Improving the effectiveness of existing public programs like Medicaid and the State Children's Health Insurance Program to improve their efficacy, and giving states greater flexibility to use federal resources to make health insurance more accessible for their citizens.
- Providing information to American families and small business owners regarding existing programs and tax provisions that can be utilized to acquire health coverage.

Action to make coverage more accessible for uninsured Americans will make our nation both physically and economically healthier. With these principles in mind, HLC has the following comments on the interim recommendations.

HLC is pleased that the Citizens' Health Care Working Group has drawn public attention to the issues confronting our health care system and engaged the public in the debate. It is only through education and outreach that we will be able to achieve widespread support for a solution to this issue.

Most important, we need to better understand what Americans want in their health care system, as well as their perspective on financing options and trade-offs to ensure access to affordable, high quality health care coverage and services. We encourage the Working Group to continue to gather this information so that a clear roadmap may be developed.

We support the Working Group's emphasis on community health networks to provide care to vulnerable populations. Specifically, we support the recommendation to expand and modify the Federally Qualified Health Center concept to accommodate other community-based health centers and practices. Health centers connected to integrated systems or affiliated with academic health institutions provide important and valued access to a full range of services, including primary and preventive care, for individuals in medically underserved areas. However, because of governance requirements within the Public Health Service Act and ownership restrictions within the Medicaid law, these health centers are not eligible to receive the Medicaid reimbursement rates available to community health centers. While these centers have both the commitment and capacity to provide needed care to a medically underserved population, resource constraints limit their ability to fully serve all those in need in their communities.

HLC also supports efforts to improve quality of care and efficiency. Recommendations that emphasize integrated health care systems built around evidence-based best practices, health information technology including electronic medical records systems, and rewarding high quality care are important to HLC and its members.

HLC has a long-standing commitment to improve quality of care and patient safety. HLC envisions a 21st century health care system that is integrated and linked by information technology, that is consumer-centered, and that utilizes new drugs, technologies, and medical procedures to perform the highest quality health care. Achieving this vision is dependent upon health care delivery that is effective and cost efficient. For this reason, HLC has advocated for health information technology (HIT) and supports accelerating its adoption and deployment. To this end, we encourage the Working Group to advocate an increased federal government support for financing mechanisms to spur private-sector HIT investment and accelerate adoption.

We would also like to see the Working Group emphasize the importance of consumer education and outreach which was touched on in the report. Lack of information may needlessly keep some individuals or small business owners from exploring health insurance options for their employees or themselves.

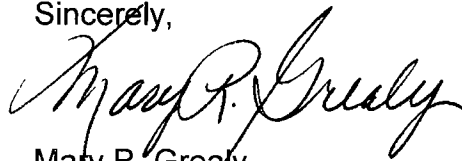
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HLC's *Main Street Initiative* – informing small business owners of the price and availability of health plans in their area, as well as the advantages of making health insurance available to employees – has improved consumer awareness and provided important consumer education. While we continue to expand the program, much more needs to be done.

Finally, as the Working Group continues to develop its final set of recommendations, we encourage it to build upon the success of the private sector, endorse government assistance through tax incentives to make private insurance coverage more affordable, and to support cost containment initiatives such as medical liability reform to reduce medical liability insurance premiums and ensure health care access.

Thank you again for this opportunity to provide comments. We look forward to working with you and the Working Group on this important issue.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary R. Grealy". The signature is fluid and cursive, with the first name "Mary" being the most prominent part.

Mary R. Grealy
President